

RESIDENT ASSESSMENT TOOL AS REQUIRED BY RSA 151:5-A
Department of Health and Human Services, Health Facilities Administration

Name: _____ **Date of Birth:** _____ **Date of Admission:** _____ **Effective 11/01/2001**

Date:							
Subject	K E Y	Guidelines:					Comments or If Care Plan not completed document reason and date
A. COGNITION							
1. Ability to think, reason and remember	0	Independent					
	1	Recognizes family and staff. Makes safe choices in familiar situations. Has difficulty with new tasks. Needs occasional reminding for person, place and time.					
	1	Needs constant reminding to orientation. Unable to make safe choices or decisions.					
2. Ability to follow directions	0	Able to follow verbal and/ or written direction.					
	1	Needs verbal cueing and/or assist to follow directions.					
3. Ability to communicate	0	Able to communicate, makes wishes known. Directs own care. Independent.					
	1	Communicates with limited speech. Uses fragmented sentences. Has lost ability to speak English. Verbal expression may be unintelligible. Has difficulty expressing needs.					
	2	May show inappropriate affect. Does not or cannot speak. Unable to communicate pain or discomfort or needs.					
B. BEHAVIORS							
1. General social responsiveness.	0	Responds appropriately to social interaction with others, accepts reality.					
	1	Exhibits occasional outbursts of frustration, anger, inappropriate, social acting out, anxiety, or agitation. Can be redirected.					
	2	History of verbal and/ or physical abuse, wanders, yells out, curses. Awake at night and disturbing others. Gets upset and cries easily.					
	3	Danger to self or to others. Admitted to a gero-psych or behavioral unit since the last resident assessment.					
C. RESTRAINTS							
	0	Does not require restraints.					
	2	Requires chemical, physical and/ or mechanical restraint.					

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D. MENTAL STATUS						
1. Mental Status	0	No clinical diagnosis of mental illness.				
	1	Symptoms of disease are managed with medication and or therapy.				
	2	New mental health diagnosis, medication(s) or therapy since last resident assessment was completed.				
	3	Symptoms of the disease are not controlled with medication and/ or therapy. Admitted to a mental health treatment center since the last resident assessment was completed. History of substance abuse within the past 5 years.				
2. Dementia	0	No diagnosis of dementia.				
	1	Early stages of dementia easily managed. Is not a danger to self or to others. Does not wander.				
	2	Mid stages of dementia. Recent changes in behavior. Requires medication and /or special management.				
	3	Late stages of dementia. Medications do not control symptoms of dementia. Is a danger to self and others.				
3. Developmental Disability	0	No developmental disability diagnosis.				
	1	Requires verbal cueing and/ or assistance.				
	2	Requires physical and/or personal assist and / or special management.				
	3	Is a danger to self or to others. Physical and/or personal assistance. Difficult to manage. Requires intensive management by staff and/or total care.				
4. Traumatic Brain Injury or Acquired Brain Disorder	0	No history of Traumatic Brain Injury (TBI) or Acquired Brain Disorder (ABD).				
	1	Requires verbal prompting and/ or assistance.				
	2	Requires assistance and / or special management for special needs.				
	3	Is a danger to self or to others. Difficult to manage. Requires intensive management by staff and/or total care.				
E. MEDICATION MANAGEMENT						
1. Ability to manage own medication(s)	0	Able to store medications in room securely and self administer correctly without supervision. Is able to order medication from pharmacy. Has awareness of use, effect and side effects of medications. Would be independent but has a physical disability and receives medications in accordance with He-P 813.				
	1	Able to self administer medications with staff supervision as allowed by He-P 813.				
	2	Requires medication administration by licensed and/ or authorized staff.				

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F. HEALTH MANAGEMENT						
1. Diagnosis	0	No current medical problems identified by licensed practitioner.				
	1	Has a current clinical diagnosis of disease or illness by licensed practitioner.				
	2	Has had a new condition diagnosed since the last assessment was completed, excluding an illness such as flu or cataract surgery.				
2. Education needs	0	Has no identified educational needs.				
	1	Requires verbal cues and /or reminding about health care needs and/ or health prevention.				
	2	Has developed a new teaching need since the last resident assessment was completed.				
3. Therapeutic diet	0	Regular, house diet.				
	1	NAS, NCS, low fat, low cholesterol, mechanical soft, puree.				
	2	All other therapeutic diets not listed above.				
	3	Requires enteral feeding, feeding tube. Has swallowing difficulty and/or needs a swallowing evaluation and/or extensive monitoring and/or dietician evaluation.				
4. Nursing care	0	Does not require nursing care.				
	2	Requires nursing care.				
5. Skin care integrity	0	Able to self monitor.				
	1	Requires verbal cueing for prevention.				
	2	Dependent on staff for monitoring and/or care.				
	3	Stage 2 or higher decubiti, stasis ulcer and/or open wound requiring specialty treatment. Requires and/or receiving care from other professional health care providers.				
6. Rehabilitation	0	Does not require rehabilitation services.				
	1	Completed rehabilitation services since last resident assessment was completed but still requires verbal cues and/or assistance of 1 person to carry out rehabilitation therapy.				
	2	New diagnosis or condition that requires rehabilitation services since the last resident assessment was completed.				
	3	Receiving at least 1 rehabilitation service such as PT, OT, RT, ST at the ALF.				
7. Counseling	0	Does not require counseling services.				
	1	Stable, receiving services that are managed by professional health care practitioners.				
	3	Since last resident assessment was completed has started receiving counseling services.				
8. Health care activities	0	Independent.				
	1	Requires verbal and/ or physical assist for any of the following: making medical appointments, transportation to medical appointments, requiring ALF staff to remain with the client during appointments in order to obtain and/or relay pertinent information between the licensed practitioner(s) and the ALF.				

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G. MOBILITY						
1. Transfers	0	Independent.				
	1	Requires verbal cueing and/or physical assistance.				
	1	Totally dependent on others for transfers.				
2. Ambulation	0	Independent.				
	1	Requires verbal cueing and or physical assist.				
	2	Non-ambulatory.				
3. Stair Climbing	0	Independent.				
	1	Needs verbal cueing and / or physical assistance.				
4. Fall Risk	0	No falls in the past 6 months.				
	1	Unsteady gait. Potential for falls or has fallen once in the past 30 days.				
	2	Has fallen 2 or more times in the past 30 days.				
H. EVACUATION						
1. Response to life threatening situations.	0	Self starting, no significant risk, does not need assist from staff. Oriented, has lived in home for 6 months.				
	1	Slow, partial impairment. Needs verbal prompting and/ or limited assistance from 1 staff. Not oriented to home				
	1	Takes more than 2 minutes to evacuate and/or totally impaired and/or needs full assistance.				
I. INSTRUMENTAL ACTIVITIES OF DAILY LIVING						
1. Community	0	Able to make choices independently. Knows daily/weekly routine.				
	1	Needs verbal cueing and/or escorting to daily/weekly events. Unable to make choices, has no attention span, not joining events even if attending. Leaves the group. Wanders when in the community.				
	1	Wanders when in the community.				
2. Recreation and Socialization	0	Makes choices independently regarding activities.				
	1	Requires verbal cuing to attend activities and/or participate in activities. Minimal assistance with crafts and games.				
	1	No attention span. Leaves rooms. Wanders away. Needs visual supervision when in the community.				

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J. IMPAIRMENTS FOR THE FOLLOWING SECTION ADL FLOWSHEET REQUIRED FOR SCORE of 1. CARE PLAN IS NOT REQUIRED FOR SCORE OF 1						
1. Sensory, vision, hearing, speech	0	Independent regardless of impairment.				
	1	Requires verbal cueing and/or physical assistance because of impairment.				
2. Physical prosthesis, amputation, contracture	0	Independent regardless of impairment. Cares for own adaptive equipment (with verbal cueing).				
	1	Requires physical assistance because of impairment.				
K. ACTIVITIES OF DAILY LIVING (ADLS) FOR THE FOLLOWING SECTION ADL FLOWSHEET REQUIRED FOR SCORE of 1. CARE PLAN IS NOT REQUIRED FOR SCORE OF 1						
1. Grooming, washing, bathing, hair care, (including shampoo), dental and oral hygiene, shaving, nails	0	Independent.				
	1	Requires verbal cueing and/or physical assistance.				
2. Toileting	0	Independent.				
	1	Requires verbal cueing and/or physical assistance.				
3. Eating	0	Independent.				
	1	Requires verbal cueing and/or physical assistance.				
4. Dressing	0	Independent.				
	1	Requires verbal cueing and/or physical assistance.				
Comments:						
Comments:						
Comments:						
REVIEWER SIGNATURE: _____ Date: _____ REVIEWER SIGNATURE: _____ Date: _____ REVIEWER SIGNATURE: _____ Date: _____ REVIEWER SIGNATURE: _____ Date: _____						

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